



October 31, 2018

Director
Air and Toxics Technical Enforcement Program
Office of Enforcement, Compliance, and Environmental Justice
Environmental Protection Agency Region 8
Mail Stop: 8ENF-AT300
1595 Wyncoop Street
Denver, Colorado 80202-1129

RECEIVED

NOV 1 - 2018

Office of Enforcement, Compliance
and Environmental Justice

RE: NSPS OOOOa 2018 Report for Confluence DJ, LLC

Ladies/Gentlemen:

Olsson, on behalf of Confluence DJ, LLC (Confluence), is submitting the New Source Performance Standards (NSPS) OOOOa report for the assets located in the Denver-Julesburg (DJ) Basin in Colorado as required by 40 CFR 60.5420a(b). This report represents the period from August 2, 2017 through August 1, 2018.

The annual report covers the following affected facilities:

- Well affected
- Fugitive Components

The specific facility site names are located within the submittal accompanying this cover letter.

Should you have any technical questions or need additional information feel free to contact me at avoit@olsson.com or Mike Dickinson at mDickinson@confluencelp.com.

Sincerely,

(b) (6)

A large black rectangular redaction box covers the signature area of the letter.

Amy Voit
Olsson

ATTACHMENT A

Certification

§60.5420a(b)(1)(iv)

A certification by a certifying official of truth, accuracy, and completeness. This certification shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

CERTIFICATION BY A CERTIFYING OFFICIAL OF TRUTH, ACCURACY AND COMPLETENESS

Based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

SIGNED: (b) (6)

Name of Certifying Official: Mike Dickinson

Title of Certifying Official: Senior Vice President Operations

Email Address: mdickinson@confluencelp.com

Phone Number: 303-226-9517

ATTACHMENT B

Site Information

The asterisk (*) next to each field indicates that the corresponding field is required.

SITE INFORMATION										ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)			REPORTING INFORMATION		PE Certification	ADDITIONAL INFORMATION		
Facility Record No. * (Field value will automatically generate if a value is not entered.)	Company Name * (§60.5420a(b)(1)(i))	Facility Site Name * (§60.5420a(b)(1)(i))	US Well ID or US Well ID Associated with the Affected Facility, if applicable. * (§60.5420a(b)(1)(i))	Address of Affected Facility * (§60.5420a(b)(1)(i))	Address 2	City *	County *	State Abbreviation *	Zip Code *	Responsible Agency Facility ID (State Facility Identifier)	Description of Site Location (§60.5420a(b)(1)(i))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Beginning Date of Reporting Period.* (§60.5420a(b)(1)(iii))	Ending Date of Reporting Period.* (§60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (§60.5420a(b)(12)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
e.g.: ABC Company		e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings County	e.g.: NY	e.g.: 11221		e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf		e.g.: addinfo.zip or XYZCompressorStation.pdf
	Confluence DJ, LLC	Flaherty 18-I	05-123-42434	NA		NA	Weld	CO	NA					8/2/2017	8/1/2018			
	Confluence DJ, LLC	Flaherty 18-I	05-123-42435	NA		NA	Weld	CO	NA					8/2/2017	8/1/2018			
	Confluence DJ, LLC	Flaherty 18-I	05-123-43578	NA		NA	Weld	CO	NA					8/2/2017	8/1/2018			
	Confluence DJ, LLC	Freedom 33	05-123-45542	NA		NA	Weld	CO	NA					8/2/2017	8/1/2018			
	Confluence DJ, LLC	Freedom 33	05-123-45544	NA		NA	Weld	CO	NA					8/2/2017	8/1/2018			
	Confluence DJ, LLC	Long 22-B	05-123-41513	NA		NA	Weld	CO	NA					8/2/2017	8/1/2018			
	Confluence DJ, LLC	State Seventy Holes J-1	05-123-41614	NA		NA	Weld	CO	NA					8/2/2017	8/1/2018			

ATTACHMENT C

Well Affected Facilities

The asterisk (*) next to each field indicates that the corresponding field is required.

			\$60.5432a Low Pressure Wells	All Well Completions	Well Affected Facilities Required to Comply with §60.5375a(a) and §60.5375a(f)													
Facility Record No. * (Select from dropdown list - may need to scroll up)	United States Well Number* (§60.5420a(b)(1)(i))	Records of deviations where well completion operations with hydraulic fracturing were not performed in compliance with the requirements specified in § 60.5375a. * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i))	Please provide the file name that contains the Record of Determination and Supporting Inputs and Calculations * (§60.5420a(b)(2)(ii) and §60.5420a(c)(1)(iii)) Please provide only one file per record.	Well Completion ID * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i))	Well Location * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))	Date of Onset of Flowback Following Hydraulic Fracturing or Refracturing * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))	Time of Onset of Flowback Following Hydraulic Fracturing or Refracturing * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))	Date of Each Attempt to Direct Flowback to a Separator * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))	Time of Each Attempt to Direct Flowback to a Separator * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))	Date of Each Occurrence of Returning to the Initial Flowback Stage * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))	Time of Each Occurrence of Returning to the Initial Flowback Stage * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))	Date Well Shut In and Flowback Equipment Permanently Disconnected or the Startup of Production * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))	Time Well Shut In and Flowback Equipment Permanently Disconnected or the Startup of Production * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))	Duration of Flowback in Hours * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))	Duration of Recovery in Hours * (Not Required for Wells Complying with §60.5375a(f)) (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A))	Disposition of Recovery * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))	Duration of Combustion in Hours * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))	Duration of Venting in Hours * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A)-(B))
e.g.: 12-345-67890-12	e.g.: On October 12, 2016, a separator was not onsite for the first 3 hours of the flowback period.	e.g.: lowpressure.pdf or XYZCompressorStation.pdf	e.g.: Completion ABC	e.g.: 34.12345 latitude, 103.12345 longitude	e.g.: 10/16/16	e.g.: 10 a.m.	e.g.: 10/16/16	e.g.: 10 a.m.	e.g.: 10/16/16	e.g.: 10 a.m.	e.g.: 10/16/16	e.g.: 10 a.m.	e.g.: 10 a.m.	e.g.: 5	e.g.: 5	e.g.: Used as onsite fuel	e.g.: 5	e.g.: 5
05-123-45542	Buford 33-10-4L	NA	NA	Buford 33-10-4L	(b) (9)	1/9/2018	12:45	1/13/2018	12:00	NA	2/28/2018	14:30	1202	1107 Sales	97			
05-123-45544	Buford 33-9-3L	NA	NA	Buford 33-9-3L		1/9/2018	12:30	1/18/2018	14:00	NA	3/1/2018	14:40	1226	1009 Sales	8.5			

[illegible]

ATTACHMENT D

Fugitive Emissions

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up)	Identification of Each Affected Facility * (\$60.5420a(b)(1))	Date of Survey * (\$60.5420a(b)(7)(i))	Survey Begin Time * (\$60.5420a(b)(7)(ii))	Survey End Time * (\$60.5420a(b)(7)(ii))	Name of Surveyor * (\$60.5420a(b)(7)(iii))	Ambient Temperature During Survey * (\$60.5420a(b)(7)(iv))	Sky Conditions During Survey * (\$60.5420a(b)(7)(iv))	Maximum Wind Speed During Survey * (\$60.5420a(b)(7)(iv))	Monitoring Instrument Used * (\$60.5420a(b)(7)(v))	Deviations From Monitoring Plan (If none, state none.) * (\$60.5420a(b)(7)(vi))
	e.g.: Well Site ABC	e.g.: 8/13/17	e.g.: 10:00 am	e.g.: 1:00 pm	e.g.: John Smith	e.g.: 90°F	e.g.: Sunny, no clouds	e.g.: 2 mph	e.g.: Company ABC optical gas imaging camera	e.g.: None
	Flaherty 18-I	10/12/2017	8:00	8:45 AV		57 F	Cloudy	8 mph	FLIR GF300 Series	None
	Long 22-B	10/12/2017	12:00	13:15 AV		63 F	Cloudy	10 mph	FLIR GF300 Series	None
	Flaherty 18-I	2/15/2018	8:30	9:30 MM		35 F	Partly Cloudy	15 mph	FLIR GF300 Series	None
	Long 22-B	2/15/2018	10:45	11:15 MM		46 F	Partly Cloudy	5 mph	FLIR GF300 Series	None
	Freedom 33	4/19/2018	10:45	11:15 AV		55 F	Cloudy	14 mph	FLIR GF300 Series	None
	State Seventy Holes J-	6/14/2018	8:15	8:30 AV		66 F	Partly Cloudy	5 mph	FLIR GF300 Series	None

ie information specified in paragraphs (b)(7)(i) through (xii) of this section in all annual reports:

Type of Component for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(vii))	Number of Each Component Type for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(vii))	Type of Component Not Repaired as Required in §60.5397a(h) * (\$60.5420a(b)(7)(viii))	Number of Each Component Type Not Repaired as Required in § 60.5397a(h) * (\$60.5420a(b)(7)(viii))	Type of Difficult-to-Monitor Components Monitored * (\$60.5420a(b)(7)(ix))	Number of Each Difficult-to-Monitor Component Type Monitored * (\$60.5420a(b)(7)(ix))	Type of Unsafe-to-Monitor Component Monitored * (\$60.5420a(b)(7)(ix))	Number of Each Unsafe-to-Monitor Component Type Monitored * (\$60.5420a(b)(7)(ix))	Date of Successful Repair of Fugitive Emissions Component * (\$60.5420a(b)(7)(x))
e.g.: Valve	e.g.: 3	e.g.: Valve	e.g.: 1	e.g.: Valve	e.g.: 1	e.g.:Valve	e.g.: 1	e.g.: 11/10/16
None		0 None		0 None		0 None		0 None
Valve		1 None		0 None		0 None		0 10/19/2017
Thief Hatch		1 None		0 None		0 None		0 2/16/2018
None		0 None		0 None		0 None		0 None
None		0 None		0 None		0 None		0 None
None		0 None		0 None		0 None		0 None

				OGI	Compressor Station Affected Facility Only	
Type of Component Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))	Number of Each Component Type Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))	Explanation for Delay of Repair * (\$60.5420a(b)(7)(xi))	Type of Instrument Used to Resurvey Repaired Components Not Repaired During Original Survey * (\$60.5420a(b)(7)(xii))	Training and Experience of Surveyor * (\$60.5420a(b)(7)(iii))	Was a monitoring survey waived under § 60.5397a(g)(5)? * (\$60.5420a(b)(7))	If a monitoring survey was waived, the calendar months that make up the quarterly monitoring period for which the monitoring survey was waived. * (\$60.5420a(b)(7))
e.g.: Valve	e.g.: 1	e.g.: Unsafe to repair until next shutdown	e.g.: Company ABC optical gas imaging camera	e.g.: Trained thermographer; completed 40-hour course at XYZ Training Center. Has 10 years of experience with OGI surveys.	e.g.: Yes	e.g.: January; February; and March
None		0 None	None	OGI certified w/ ITC, 3+ years experience w/ OGI	NA	NA
None		0 None	FLIR GF300 Series	OGI certified w/ ITC, 3+ years experience w/ OGI	NA	NA
None		0 None	FLIR GF300 Series	OGI certified w/ ITC, 4+ years experience w/ OGI	NA	NA
None		0 None	None	OGI certified w/ ITC, 4+ years experience w/ OGI	NA	NA
None		0 None	None	OGI certified w/ ITC, 3+ years experience w/ OGI	NA	NA
None		0 None	None	OGI certified w/ ITC, 3+ years experience w/ OGI	NA	NA

Fugitive Component Surveyors

OGI Surveyor* (§60.5420a(b)(7)(iii))	Training and Experience of Surveyor * (§60.5420a(b)(7)(iii))	OGI Certified?
AV	3+ years OGI experience, 4 years air quality compliance experience	Y
MM	4+ years OGI experience, 10 years air quality compliance experience	Y